



ADMINISTRATIVE OFFIC  
401 HUNGERFORD DR. 4TH  
ROCKVILLE MD 20850

KATE KAVTSEVICH  
FOR WILLIAM BEVAN  
14C 53RD STREET, SUITE 220  
ATTENTION: FUTURE CARE CONSULTANTS  
BROOKLYN NY 11232

Correspondence ID: 8024  
Correspondence Type: Request For Information  
Correspondence Date: 01/05/2024  
Program Name: Long Term Care  
Case Number: 5296  
Client ID: 2696  
DHS Customer Call Center Number:  
1-800-332-6347  
Website info: [mymdthink.maryland.gov/](http://mymdthink.maryland.gov/)  
TTY: 1-800-735-2258 or 7-1-1

If you are unable to provide the requested information and verification, we may be able to assist you in obtaining the information. Please let us know if you require assistance. You will be required to sign a Consent to Release Information form.

Dear William Bevan :

We do not have all of the information we need to determine your eligibility. Please return all of the requested items to us by 01/15/2024.

DUE DATE:01/15/2024.

If we do not receive this information by the requested date, we may have to deny your application or close your case.

**IMPORTANT NOTE:** Please read this entire form. If there are any questions or concerns, contact us at the number listed above.

- Please return the requested necessary documents and verifications items listed below to us by your due date to avoid a delay in getting your benefits. You can log into your MyMDTHINK account at [mymdthink.maryland.gov](http://mymdthink.maryland.gov) to upload the requested documents. You may also mail, fax, or drop-off your documents.

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401 HUNGERFORD DR. 4TH  
ROCKVILLE MD 20850

District: ADMINISTRATIVE OFFIC  
Date: 01/05/2024

Insert in Return Envelope with the Address Below Showing

KATE KAVTSEVICH  
FOR WILLIAM BEVAN  
14C 53RD STREET, SUITE 220  
ATTENTION: FUTURE CARE CONSULTANTS  
BROOKLYN NY 11232

ADMINISTRATIVE OFFIC  
401 HUNGERFORD DR. 4TH  
ROCKVILLE MD 20850

Documents Required

The required documents for processing your application are listed below\*

# No.	Program Name	Verification Type	Individual Name	Information Needed
1	Long Term Care	Other	William Bevan	1. Annuity contract for Security Benefit Annuity. 2. Charles Schwab ROTH IRA account 11/1/22 statement 3. Verification of Life Insurance/Jackson National Life Insurance Company Policy: face & cash value, & cash surrender value as 11/1/22 4. Strata Trust Company (IRA) 11/01/22 statement 5. Harbor Funds Stocks 11/1/22 value 6. United Bank account 11/1/22 statement 7. ETrade Funds 11/1/22 statement 8. Verification of property foreclosure (11229 Empire Lane Rockville, MD 20852) 9. Written explanation from the joint owners of intention to sell property (3415 Wenona South, Laurel, MD 20724) 10. PenFed Credit Union & Discovery Bank (xxx7849)10/22; 01/23; 04/23; 07/23; 10/23; 01/24 statements

\* You may also receive a request to provide additional verification documentation after a review of the materials you provide.

Your case can not be completed until all the needed information is received.

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**Your MA application:**

- The application you submitted is good for only six (6) months from the date you applied. If you fail to provide the information requested within six (6) months, you will need to file a new application.
- If your application is denied for over scale income or resources, you will need to file a new application.

**Where can you get more information?**

You can call us at the telephone number listed above. Be sure to have this letter and your case number ready. You can also look at our website [mydmthink.maryland.gov](http://mydmthink.maryland.gov) for general information.

**Summary of Procedures for Fair Hearings**

**You have the right to appeal this decision within 90 days from the date of the notice.** Your request must be made in writing. Please include the specific reason(s) for your appeal and a copy of your denial notice. If you wish, someone may assist you in filing your appeal.

**Mail your request for a hearing to the following address:**

Maryland Department of Health  
Office of Health Services  
Attention: Appeals  
11101 Gilroy Rd, Hunt Valley  
Maryland 21031

**If you are currently receiving benefits, you must request a fair hearing within 10 days from the date of this notice or by the effective date of the termination of benefits, whichever is later, to ensure the continuation of your services until the fair hearing decision is made.** However, if the judge agrees with us and you lose your appeal, you may have to pay back benefits received while waiting for the hearing and judge's decision. This recovery may not be required if it is determined that your request for a hearing resulted from a bona fide belief that the Department's decision was in error.

The hearing will be scheduled at a time and place that is convenient for you. You will be expected to be present. If for any reason you cannot be present, you must notify the Office of Administrative Hearings to reschedule the hearing or you must identify the person who will attend on your behalf. You may represent yourself, or if you wish, you may be represented by legal counsel or authorized representative. You may bring any witnesses or documents you desire to help you establish pertinent facts to explain your circumstances. A reasonable number of individuals from the general public may be admitted to the hearing, if you desire.

Prior to the hearing, you may review the documents and records that the Department will use at the time of the hearing and you can ask for the names of the witnesses the Department intends to call.

If you have additional information you wish the Department to know about, you may request reconsideration of your case by calling your resource coordinator, service coordinator, case manager or waiver eligibility case worker.

Under some circumstances, the Department may pay for transportation and other costs if they are necessary for the proper conduct of the hearing.

All these procedures and a detailed explanation of the fair hearing process can be found in the Code of Maryland Regulations (COMAR), 10.01.04, 10.09.24.12, 10.09.24.13 and 10.09.24.15 and in the Code of Federal Regulations(C.F.R), 42 C.F.R §§ 431.200-431.250. You may obtain free legal aid and help through various resources, such as the Legal Aid Bureau at 1-800-999-8904 or the Maryland Disability Law Center at 1-800-233-7201.

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Page 5 of 8**LANGUAGE ACCESSIBILITY STATEMENT****Interpreter Services Are Available for Free**

*Help is available in your language: 1-800-332-6347, (MD Relay TTY: 1-800-735-2258 or 7-1-1).*

*These services are available for free.*

**Español/Spanish**

Hay ayuda disponible en su idioma: 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1). Estos servicios están disponibles gratis.

**አማርኛ/Amharic**

እዛ በ ቋንቋዎ ማግኘት ይቻላል፡፡ 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1) ፡ እነዚህ አገልግሎቶች ያለነዚያ የሚገኙ ነጻ ናቸው፡፡

**العربية/Arabic**

هاتف رقم) 1-800-226-2142 برقم اتصل .بالمجان لك توافر اللغوية المساعدة خدمات فإن اللغة، اذكر تحدثت كنت إذا :ملحوظة  
( :واليكم الصم 1-800-735-2258.

**中文/Chinese**

用您的语言为您提供帮助: 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1)。这些服务都是免费的

**فارسی/Farsi**

1-800-226-2142)اخذخوا افراد تماس خط(1-800-735-2258 : کنید می صحبت شما که زبانی به کمک تلفن خط  
هستند دسترس در رایگان صورت به خدمات این

**Français/French**

Vous pouvez disposer d'une assistance dans votre langue : 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1). Ces services sont disponibles pour gratuitement.

**ગુજરાતી/Gujarati**

તમારી ભાષામાં મદદ ઉપલબ્ધ છે: 1-800-332-6347 (ટીટી: 1-800-735-2258 or 7-1-1). સેવાઓ મફત ઉપલબ્ધ છે

**kreyòl ayisyen/Haitian Creole**

Gen èd ki disponib nan lang ou: 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1). Sèvis sa yo disponib gratis.

**Igbo**

Enyemaka di na asusu gi: 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1). Oru ndi a di na enweghi ugwo i ga akwu maka ya.

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Request For Information- 01/2024

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Page 6 of 8**한국어/Korean**

사용하시는 언어로 지원해드립니다: 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1) 무료로 제공 됩니다

**Português/Portuguese**

A ajuda está disponível em seu idioma: 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1). Estes serviços são oferecidos de graça.

**Русский/Russian**

Помощь доступна на вашем языке: 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1). Эти услуги предоставляются бесплатно.

**Tagalog**

Makakakuha kayo ng tulong sa iyong wika: 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1) Ang mga serbisyon ng ito ay libre.

**اردو/Urdu**

1-800-226-2142 کال - بین دستیاب میں مفت خدمات کی مدد کی زبان کو آپ تو ہیں، بولنے اردو آپ اگر: خیردار  
کر۔ (1-800-735-2258 or 7-1-1)۔

**Tiếng Việt/Vietnamese**

Hỗ trợ là có sẵn trong ngôn ngữ của quý vị 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1). Những dịch vụ này có sẵn miễn phí.

**Yorùbá/Yoruba**

Ìrànlọ́wọ̀ wà ní àròwọ̀tó ní èdè rẹ: 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1). Awon ise yi wa fun o free.

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